

CHECK ONE:	1.39 FORM STATEMENT
MUTHICK UNE;	Reset Form  FORM  STATEMENT  OF  (Rev. 01/2006)  ORGANIZATION  For Office Use Only 1
This is an <b>initial*</b> Statement of Organization  This is an <b>amended*</b> Statement of Organization	Reset Form (Rev. 01/2006) ORGANIZATION
Arriving Statement of Organization must be tiled within 10 days of the con	mittag's according contributions
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committee that exceeds \$750 in activity for another office shall file within 10 DR-1 disclosing information concerning the campaign for the new office so	
COMMITTEE NAME   (A candidate's committee must include the candidate's last name in the name of the committee)	
Committee to Elect Debra Satern for State House	
IMPORTANT: Indicate type of committee you are reporting for:	State House
(1) Statewide/Legislative/Judge Standing for Retention Candidate / 2) Statewide RAC / 2)	
(5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)	
(10) School Board of Other Political Subdivision PAC (11) Local Bal	lot Issue (including committee involved in multiple city/county ballot issues)
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory except for a candidate's committee)
Name + Steven Satern	Name + +
NA-11- A 4 1	Iheresa Bose-Hill
320 10.54 Ave N	Mailing Address ↓ ↓
City State + Zip Code + + I of the Structure I of t	City, State ↓ ↓ Zip Code ↓ ↓ Es Hrewille, Sowa 51339
	Esthervelle, Nowa 5/334
Phone (712) - 362-4991	Phone (112) 362-(
e-Mail S. Satern @mehsi.com	e-Mail
INDICATE PURPOSE OF COMMITTEE - Check One Box Adv.	ocate for/against candidate(s)
Comment of description:	
All Candidates Enter: Office Sought: <u>Iowa House of Representatives</u>	County/Local Candidates and Local Ballot Committees Enter:
	County: Emmet, Palo Alto, N. Kossuth
Political Party (if applicable) <u>Republican</u>	(If active in multiple ballot issue elections, attach list of counties
District: 7	Date of Election:
Year Standing for Election: 2008	Date of Election.
Bank Account Name	Candidate name & Address or Parent Entity (PACs, if applicable).
Dally Modern Harris	Garrieroute Harrie & Address of Farent Entity (PACS, If applicable).
	↓ ↓ <u>Affiliate, or Sponsor</u>
Debra Salem for State House	Debra Satern
Debra Salem for State House  Name of Financial Institution/type of Account 11	Debra Satern  Mailing Address 1 1
Name of Financial Institution/type of Account & Checking	Mailing Address + + 320 W. 5th Ave N.
Debra Salem for State House  Name of Financial Institution/type of Account  Employees Credit Ulmon Checking  Mailing Address + +	Affiliate, or Sponsor  Debra Satern  Mailing Address   320 W. 5th Ave N.  City   State   Zip    Zip     Zip
Debra Salem for State House  Name of Financial Institution/type of Account  Employees Credit Ulmon Checking  Mailing Address + +  2714 Central Acenue	Affiliate, or Sponsor  Debra Satern  Mailing Address   320 W. 5th Ave N.  City   State   Zip    Zip     Zip
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Name of Financial Institution/type of Account  Employees Credit Union Checking  Mailing Address + +  2714 Central Acence	Affiliate, or Sponsor  Debra Satern  Mailing Address     320 W. 5th Ave N.  City     State     Zip        Estherville Ia. 61334  Phone (712) 209-3311(c) 712-362-2860(H)
Debra Salem for State House  Name of Financial Institution/type of Account  Employees Credit Ulmon Checking  Mailing Address + +  2714 Central Acenue	Affiliate, or Sponsor  Debra Satern  Mailing Address & I
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Debra Salem for State House  Name of Financial Institution/type of Account  Employees Credit Union Checking  Mailing Address + +  2714 Central Account  City + + State + Zip + +  Entrace 51339  STATEMENT OF AFFIRMATION: By filing this document the committee affirm	Affiliate, or Sponsor  Debra Satern  Mailing Address
Name of Financial Institution/type of Account  Employees Creditition  Mailing Address  27/4 Central Account  City	Affiliate, or Sponsor  Debra Satern  Mailing Address I I 320 W. 5th Ave N.  City I State I Zip I I Estherville Ia. 61334  Phone (712) 209-3311(c) 712-362-2860(H)  e-Mail
Name of Financial Institution/type of Account  Employees Credition  Mailing Address  2714 Central Acquee  City	Affiliate, or Sponsor  Debra Satern  Mailing Address
Name of Financial Institution/type of Account  Employees Crediffinen Checking  Mailing Address  27/4 Central Account  City + State + Zip +  Entral Account  The committee and all persons connected with the committee understand that rules in Chapter 351 of the lowa Administrative Code.  2. That lowa Code section 68A.402 and rule 351—4.9 require the filing of discloss subjects the candidate or chairperson (in the case of committee other than a consultation of the case of committees other than a consultation.	Affiliate, or Sponsor  Debra Satern  Mailing Address   320 W. 5+h Ave N.  City
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Name of Financial Institution/type of Account  Employeds Credition  Mailing Address  27/4 Central Account  State	Affiliate, or Sponsor  Debra Satern  Mailing Address   320 W. 5+h Ave N.  City
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Name of Financial Institution/type of Account  Employees (redifference)  Mailing Address  A 7/4 Central Acquire  City	Affiliate, or Sponsor  Debra Satern  Mailing Address   320 W. 5th Ave N.  City
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